

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1. TRANSMITTAL NUMBER:  
**2004-006**

2. STATE  
**MS**

**FOR: HEALTH CARE FINANCING ADMINISTRATION**

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE  
SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
**July 1, 2004**

5. TYPE OF PLAN MATERIAL (*Check One*):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION:  
**1902(r)(2)**

7. FEDERAL BUDGET IMPACT:  
a. FFY **2004** \$ (53,000,000.00)  
b. FFY **2005** \$ (216,000,000.00)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 2.2-A, Page 22  
Supplement 8a to Attachment 2.6-A, Page 1 & 4  
Supplement 8b to Attachment 2.6-A, Page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):

Attachment 2.2-A, Page 22  
Supplement 8a to Attachment 2.6-A, Page 1 & 4  
Supplement 8b to Attachment 2.6-A, Page 1

10. SUBJECT OF AMENDMENT: This State Plan Amendment is being filed to allow the Division of Medicaid to update the language in the Mississippi Medicaid State Plan regarding the optional PLAD category as both a covered category and as a group recognized under 1902(r)(2). The intent of the amendment is to comply with Mississippi House Bill 1434, passed in the 2004 Legislative Session, which deleted the state authority to cover this optional category.

11. GOVERNOR'S REVIEW (*Check One*):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ OTHER, AS SPECIFIED:  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:



13. TYPED NAME: **Warren A. Jones, M.D.**

14. TITLE: **Executive Director**

15. DATE SUBMITTED:

**6/18/04**

16. RETURN TO:

**Warren A. Jones, M.D., Executive Director  
Mississippi Division of Medicaid  
Attn: Bob Dent  
239 North Lamar Street, Suite 801  
Jackson, MS 39201-1399**

**FOR REGIONAL OFFICE USE ONLY**

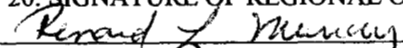
17. DATE RECEIVED:  
**June 22, 2004**

18. DATE APPROVED:  
**September 20, 2004**

**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:  
**July 1, 2004**

20. SIGNATURE OF REGIONAL OFFICIAL:



21. TYPED NAME:  
**Renard L. Murray, D.M.**

22. TITLE: **Associate Regional Administrator  
Division of Medicaid & Children's Health**

23. REMARKS:

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

MORE LIBERAL METHODS OF TREATING RESOURCES  
UNDER SECTION 1902(r)(2) OF THE ACT

☐ Section 1902(f) State

☒ Non-Section 1902(f) State

METHODOLOGIES FOR TREATMENT OF RESOURCES  
THAT DIFFER FROM THOSE OF THE SSI PROGRAM

1. The following liberalized resource policies apply to the following groups of Medicaid eligibles:
  - Institutionalized individuals who would be eligible for SSI if not in an institution.  
1902(a)(10)(A)(ii)(IV) of the Act and 42 CFR 435.211
  - Institutionalized individuals eligible under the 300% cap.  
1902(a)(10)(A)(ii)(V) of the Act and 42 CFR 435.236
  - Hospice Care Coverage Group eligibles.  
1902(a)(10)(A)(ii)(VII) of the Act
  - Working Disabled (WD's) under 250% of poverty.  
1902 (a)(10)(A)(ii)(XIII) of the Act

The liberalized resource policies are as follows:

- Disregard of an additional \$2000 in total resources for individuals and \$3000 for couples. (Previously approved 10/02/00 in TN. No. 2000-01 effective 07/01/00 to increase limit to \$4000/\$6000 and approved 03/22/00 in TN No. 99-15 effective 07/01/99 to increase by \$1000 to \$3000/\$4000.)

TN No. <u>2004-006</u>	Approval Date <u>09/20/04</u>	Effective Date <u>07/01/04</u>
Supersedes		
TN No. <u>2001-09</u>	Date Received <u>06/22/04</u>	HCFA ID: <u>7985E</u>

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

MORE LIBERAL METHODS OF TREATING INCOME  
UNDER SECTION 1902(r)(2) OF THE ACT

☐ Section 1902(f) State

☒ Non-Section 1902(f) State

2. The following liberalized income policy applies to the Working Disabled under 250% of poverty. 1902(a)(10)(A)(ii)(XIII) of the Act.
  - Unearned income between the SSI limit and 135% of the federal poverty limit is disregarded. (Previously approved 10/02/00 in TN No. 2000-01 effective 07/01/00.)
3. For all eligibility groups not subject to the limitations on payment explained in Section 1903(f) of the Act:
  - All wages paid by the Census Bureau for temporary employment related to Census 2000 activities are excluded. (Previously approved 10/02/00 in TN No. 2000-01 effective 07/01/00.)

TN No. 2004-006

Approval Date 09/20/04

Effective Date 07/01/04

Supersedes

TN No. 2001-09

Date Received 06/22/04

HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Mississippi

MORE LIBERAL METHODS OF TREATING INCOME  
UNDER SECTION 1902(r)(2) OF THE ACT

☐ Section 1902(f) State ☒ Non-Section 1902(f) State

METHODOLOGIES FOR TREATMENT OF INCOME  
THAT DIFFER FROM THOSE OF THE SSI PROGRAM

1. The following liberalized income policies apply to the following groups of Medicaid eligibles:
  - Qualified Medicare Beneficiaries (QMB's).  
1902(a)(10)(E)(i) and 1905(p)(1) of the Act
  - Specified Low-Income Medicare Beneficiaries (SLMB's).  
1902(a)(10)(E)(iii) and 1905(p)(3)(A)(ii) of the Act
  - Qualifying Individuals (QI-1's).  
1902(a)(10)(E)(iv)(I) and (II), 1905(p)(3) (A)(ii) and 1933 of the Act
  - Working Disabled (WD's) under 250% of poverty.  
1902 (a)(10)(A)(ii)(XIII) of the Act

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TN No. <u>2004-006</u>	Approval Date <u>09/20/04</u>	Effective Date <u>07/01/04</u>
Supersedes		
TN No. <u>2001-09</u>	Date Received <u>06/22/04</u>	HCFA ID: <u>7985E</u>

State: Mississippi

Agency\* Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy (Continued)

1902(a)  
(ii)(X)  
and 1902(m)  
(1) and (3)  
of the Act

☐ 16. Individuals--

- a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.
- b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and
- c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in ATTACHMENT 2.6-A.

\*Agency that determines eligibility for coverage.

TN No. 2004-006

Approval Date 09/20/04

Effective Date 07/01/04

Supersedes

TN No. 92-03

Date Received 06/22/04

HCFA ID: 7983E